

WORKREATION APPLICATION (Fall 2004)

"Earn Your Way to Fun"

NAME _____ GENDER (M/F) _____
Last First

Address _____
Street City State Zip Code

SCHOOL _____ GRADE _____ AGE _____ DOB _____

Parent/Guardian Name(s) _____

Phone Numbers:
Home: _____ Mother's Work _____ Father's Work _____

Emergency Contact (2): If parent cannot be reached call

Name _____ Relationship _____ Phone _____

Second Contact Name: _____ Phone _____

Physician of Student _____ Phone _____

Hospitalization Insurance Company _____ Policy Number _____

Do you grant permission for a doctor to administer emergency treatment to your son/daughter in the event you cannot be reached in a medical emergency? Yes _____ No _____

Any known allergies (includes medications) _____

Have you been in the **WORKREATION PROGRAM** before? Yes _____ No _____
If yes indicate dates _____ (**Remember, 80 Hours Max per School Year Aug 04 – June 05**)

Is Transportation a problem? Yes _____ No _____

I am able to work the following day(s) and time(s): _____

I would like to work in the following activities/area(s):

___ Sports/Athletics ___ Clerical/Filing ___ Community Centers ___ Special Events (listed Below):

- ___ Fridays, Sept 10th - Nov 19th, 5:30-9:00pm@ Dogwood Park
- ___ Saturdays, Sept 11th -Dec 4th, 4:00pm-9:00pm@ Dogwood Park
- ___ Rockville Arts and Music Festival on Saturday, September 18th, 11am-7pm@ Rockville Town Center
- ___ Rockville Antique and Classic Car Show on Saturday, October 16th, 11am- 4pm@ Rockville Civic Center Park
- ___ Haunted Happenings with Drive-In Movie on Friday, October 22nd, 6-9pm@ Rockville Civic Center Park
- ___ Lincoln Park Community Center Halloween Bash on Saturday, October 30th, 3-6pm
- ___ Lincoln Park Community Center After School Program Helpers, Mon-Fri, 3-6pm

Are you a member of any City of Rockville Facilities (i.e. Lincoln Park Comm Ctr, Twinbrook Comm Ctr, RMSC)?
Yes _____ No _____

Participant's Signature: _____ Date: _____

PARENT SIGNATURE: _____ **DATE:** _____